

Senator Donnelly accepts all applications for internships; however, applicants from Indiana will be given preference. All internships are unpaid.

APPLICANT INFORMATION

Name: _____ Date of Application: _____

Permanent Address: _____
(Street) (City) (State) (Zip)

School Address (If Different): _____
(Street) (City) (State) (Zip)

Contact Phone Number: _____ Email Address: _____

Are you a U.S. Citizen? _____ Are you an Indiana Resident? _____

Please check which office you would like to intern in:

Washington DC: _____

Indianapolis: _____

South Bend: _____

Which term are you applying for?

Winter/Spring 2019: _____

EDUCATIONAL BACKGROUND

College: _____ Graduation Date: _____

• Major/Minor: _____ GPA: _____

Graduate/Law School: _____ Graduation Date: _____

• Major/Minor: _____ GPA: _____

BACKGROUND INFORMATION

Have you ever served as an Intern? _____ When/Where? _____

For the following sections, you may include additional pages when necessary

What specific experience would you like to gain through this internship?

Describe your long-term career goals:

Please list your activities/interests you enjoy:

Involvement in Community Service:

Areas of interest: *(Please check all that apply)*

Agriculture __

Labor__

Housing __

Budget __

Defense/Military __

Other:

Business__

Healthcare __

Education__

Immigration __

Economy__

Energy __

Transportation__

Environment __

WRITING SAMPLE

Please explain why you would like to have an internship in Senator Joe Donnelly's office and what you hope to gain from this experience. Please type out your essay and keep your remarks to one-page. This will serve as your writing sample.

Please turn the application over to complete the last page

Disclosure

Have any disciplinary or administrative actions (ex. probation, suspension, expulsion) been taken against you by your school or are any pending? Yes _____ No _____

Have you ever been convicted of a felony or misdemeanor offense? Yes _____ No _____

If you answered "Yes" to any questions above, please provide an explanation on a separate page.

Certification

My statements on this form and on all of my application materials are true to the best of my knowledge and belief. I understand that knowingly making false statements will lead to the rejection of my application or removal from the internship program.

Signature: _____ Date: _____

RETURN APPLICATION

Include with your application and writing sample, a resume and three references.

Please send your application to the following offices based on the office you are interested in serving.

Washington DC: Please submit your application on-line to ellen_webne@donnelly.senate.gov or fax it to **202-224-5011**. Due to delays in processing of postal mail sent to Washington DC, *please do not mail in your application*.

Indianapolis/South Bend: Please submit your application on-line to Marianne_Black@donnelly.senate.gov, fax it to **855-772-7518**, or mail it to 115 North Pennsylvania Street, Suite 100 Indianapolis, IN 46204.